

TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

See Instructions and *Privacy Statement on Reverse Side

STAFF

BK Trip? ☐ Yes ☐ No

Page ____ of ____ Pages

CLAIMANT'S NAME

Karen Baker

Fiscal Year

2008-2009

2008TEC1703

SSN OR EMPLOYEE NUMBER*

DEPARTMENT

OPR

POSITION

Executive Director

CB/ID NO.:

EXEMPT

DIVISION OR BUREAU

California Volunteers

PCA #

31101

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

1110 K Street Suite 210

TELEPHONE NUMBER

916-323-7646

CITY

Sacramento

STATE

CA

ZIP CODE

95864

CITY

Sacramento

STATE

CA

ZIP CODE

95814

(1) MONTH/YEAR

May 2009

(3)

LOCATION
WHERE EXPENSES
WERE INCURRED

(4)

LODGING

(5)

MEALS

BREAK-
FAST

LUNCH

O.T., L.T.
N/C, RELO,
OR DINNER

(6)

INCIDENT-
TALS

(7)

TRANSPORTATION

(A)

COST OF
TRANS.

(B)

TYPE
USED

(C)

CARFARE,
TOLLS,
PARKING

(D)

PRIVATE CAR USE
MILES AMOUNT

(8)

BUSINESS
EXPENSE

(9)

TOTAL
EXPENSES
FOR DAY

(2) DATE TIME

5/16 0800

Sac/Merced/San Jose

5/17 1300

San Jose/Sac

\$0.00

\$0.00

202 144.10

\$214.50

144.10

\$214.50

128 70.40

\$0.00

70.40

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

(10)

SUBTOTALS

?

214.5

\$214.50

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$

\$214.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended UC Merced event with Michelle Obama.
Spoke at City Year San Jose annual awards event
Stayed the night in San Jose (out of own pocket) and drove back the next day.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE

5/22/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5.29.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE